



CITY OF WATERTOWN, NEW YORK
Special Use Permit Application

I. Applicant Information

Name: James Kroeger 315-323-8554

Mailing Address: 500 Dunn Street, Hammond, NY 13646



II. Property Information

Address: 1317 State Street

Tax Parcel #: 221800-005-000-0001-201

Property Owner (if not applicant): Lisa Bonner

If applicant is not owner, does applicant have a signed purchase agreement ☐ Yes ☒ No

Zoning District: Neighborhood Business

Attachments Required:

8 1/2" x 11" parcel map with tax parcel involved in request outlined with a thick black line

A sketch of the site drawn to an engineering scale (e.g. 1"=20', 1"=30').

Completed Part I of an Environmental Assessment Form (SEQR)

III. Request Information

Proposed Use: Tattoo shop

Explain Proposal:

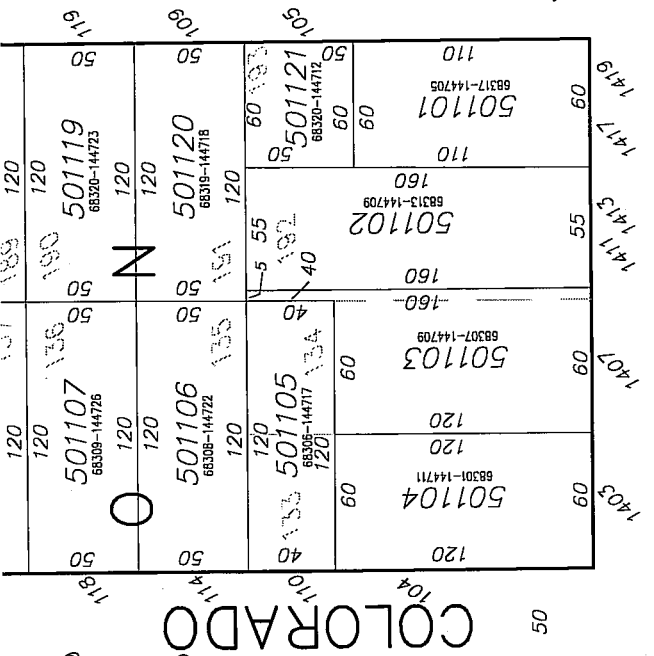
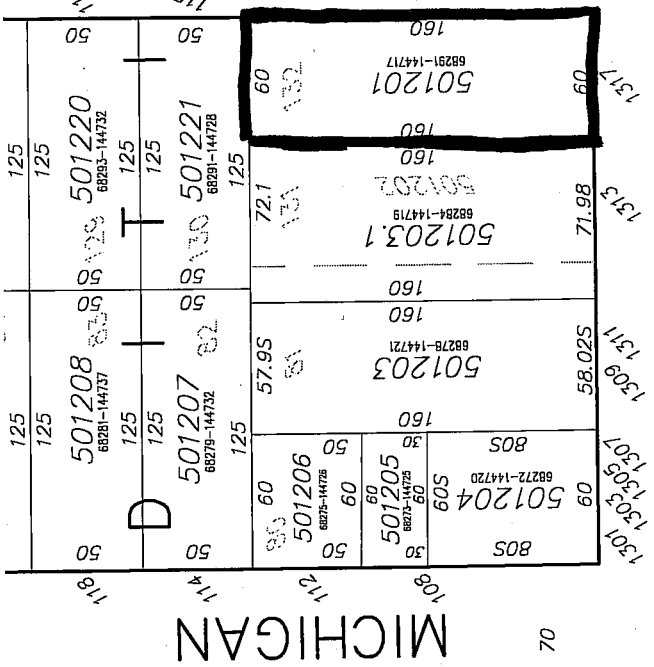
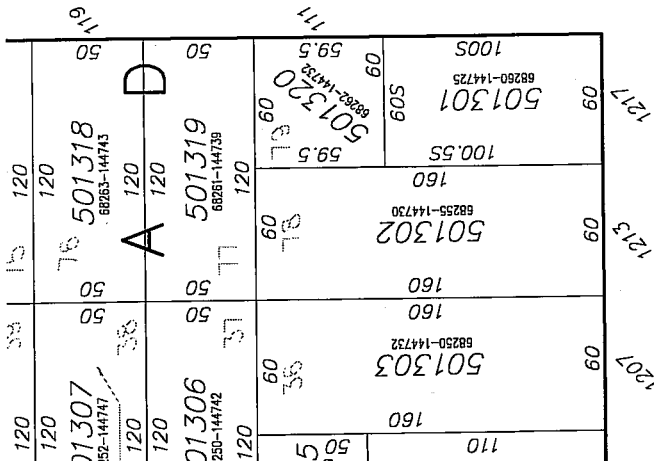
- I would like to open a world class tattoo shop with award winning artists. I want to offer the best work around for a fair, competitive price and not take advantage of everyone in the area as other shops do. I believe customer service and customer appreciation are greatly overlooked these days. I want to help end the stereotype that tattooers are criminals, drug dealers, or all around shady characters by holding myself and my employees to high moral standards and by becoming a contributing business to the betterment of the community.

Use additional 8 1/2" x 11" sheets as needed.

I certify that the information provided above is true to the best of my knowledge.

Signature: James Kroeger

Date: 21 Mar 11



STATE

STREET

PARK DRIVE W.

PARK ENTRANCE

PARK DRIVE E.

12-15

12-16

MOORE AVENUE

CITY ENGINEERING DEPT.
RECEIVED
MAR 21 2011
WATERTOWN, NEW YORK

SHORT ENVIRONMENTAL ASSESSMENT FORM

For UNLISTED ACTIONS Only

PART 1 - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR <u>James Kroeger</u>		2. PROJECT NAME <u>Pride & Glory Tattoo Company</u>	
3. PROJECT LOCATION: Municipality _____ County <u>Jefferson</u>			
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map) <u>1317 State Street, Watertown, NY 13601</u>			
5. IS PROPOSED ACTION: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input checked="" type="checkbox"/> Modification/alteration			
6. DESCRIBE PROJECT BRIEFLY: <u>Would like to use existing building to open a tattoo shop. The building was previously an audio installation place for cars and a decoy shop for hunting.</u>			
7. AMOUNT OF LAND AFFECTED: Initially <u>0</u> acres Ultimately <u>0</u> acres			
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, describe briefly <u>with special use permit</u>			
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe: <u>The block the property is on is all commercial businesses. The block next to it is residential housing.</u>			
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list agency(s) and permit/approvals			
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list agency(s) and permit/approvals			
12. AS A RESULT OF PROPOSED ACTION, WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
Applicant/sponsor name: <u>James Kroeger</u>		Date: <u>21 Mar 11</u>	
Signature: <u>[Signature]</u>			

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.12?

If yes, coordinate the review process and use the FULL EAF.

☐ Yes ☐ No

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If NO, a negative declaration may be superseded by another involved agency.

☐ Yes ☐ No

C. COULD ACTION RESULT IN **ANY** ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic patterns, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

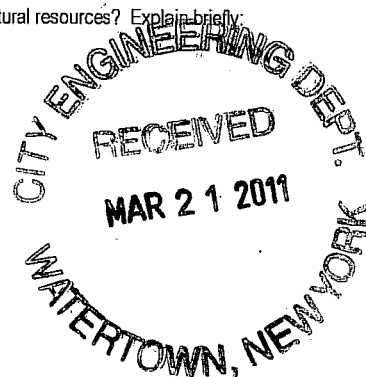
C3. Vegetation or fauna, fish shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:



D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CEA?

☐ Yes ☐ No

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?

☐ Yes ☐ No If yes, explain briefly

PART III – DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed.

☐ Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

☐ Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts AND provide on attachments as necessary, the reasons supporting this determination:

Name of Lead Agency

Print or Type Name of Responsible Officer in Lead Agency

Title of Responsible Officer

Signature of Responsible Officer in Lead Agency

Signature of Preparer (If different from responsible officer)

Date